

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <p style="text-align: center; margin: 0;">MERCK-3230</p>	
Application Number 10/590,912		Filed August 28, 2006	
For PIPERIDINE DERIVATIVES			
Art Unit 1625		Examiner Celia C. Chang	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$130
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____

☐ Applicant claims small entity status. See 37 CFR 1.27.
☐ A check in the amount of the fee is enclosed.
☒ Payment by credit card via EFS.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 13-3402 .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent. Registration Number 50,908.
☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

<u>/Csaba Henter/</u> Signature <u>Csaba Henter</u> Typed or printed name	<u>April 19, 2010</u> Date <u>(703) 243-6333</u> Telephone Number
--	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.